MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0467

Reg. Dist. No. 92

1. PLACE OF DEATH: Cecil
County
City or town Elkton R D 5
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 15 yr

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Elkton R D 5 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Cora Corrine Allen

3. (b) Social Security Number none

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Wm Allen
6(c) If alive, give age 68 years
7. Birth date of deceased (mo., day, yr.) Dec 24 1882

8. AGE: Years 57 | Months | Days 29 | If less than one day ___ hrs. ___ min.

9. Birthplace Townsend Delaware
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Edward Armstrong
13. Birthplace Townsend Delaware
MOTHER
14. Maiden name Fannie Matthews
15. Birthplace Georgetown Delaware
16. Informant John Allen
Address Elkton Md R.D. 5
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 26 1940 (month) (day) (year)
Cemetery or crematory Johntown Cemetery
Location Earleville Md
18. Funeral director H W Pippin
Address Elkton Md
19. Jan 26 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23 1940, 10 30 p M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1937, to Jan. 23 1940, and that I last saw her alive on Jan. 23 1940.

Immediate cause of death: Lobar Pneumonia, Empyema — DURATION: Dec. 23/39, Jan. 10/40
Due to
Due to
Other conditions: Thyrotoxicosis — 1937
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Milford H. Sprecher, M.D. M. D. or other
Address Elkton, Maryland Date signed Jan. 25, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0468

(97)

1. PLACE OF DEATH

County Cecil — Registration Dist. No. 91

Village or City Chesapeake City — No. Biddle Street, — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Francis Allen — If U. S. Veteran, specify WAR None

(a) Residence: No. Chesapeake City, Maryland St., Ward. no social security number

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Cornelia Allen

6. DATE OF BIRTH (month, day, and year) June 21, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cecil County, Md.

FATHER

13. NAME James Allen

14. BIRTHPLACE (city or town) (State or country) Cecil County, Md

MOTHER

15. MAIDEN NAME Sarah Morris

16. BIRTHPLACE (city or town) (State or country) Cecil County, Md.

17. INFORMANT J. Brooks Allen- son (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Bethel Country Date Jan 19, 1940

19. UNDERTAKER W. W. Pitzner (Address) Elkton Md

20. FILED Jan 19, 1940 B. H. Benson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 16, 1940 (Month) (Day) (Year), 193

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1940, 19, to Jan. 16, 1940, 19

I last saw him alive on Jan. 16, 1940, 19; death is said to have occurred on the date stated above, at 4.30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	Unknown

Other Contributory Causes of Importance:

Age.

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) W. H. McKnight M. D.

(Address) Elkton - Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED FEB 3 1928

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0469

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days): 8 yrs. 2mos. 25 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Pennsylvania County: Somerset

City or town: Rockwood Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R.F.D. #1
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War ✓

3. (a) FULL NAME: BARBER, David W.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife: Bessie M. Barber

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Sept. 6, 1893

8. AGE: Years	Months	Days	If less than one day
46	4	17	____ hrs. ____ min.

9. Birthplace: Allegheny Co., Md.
(Town, county, and state)

10. Usual occupation: Miner

11. Industry or business:

FATHER 12. Name: Allen Barber - deceased

13. Birthplace: Maryland

MOTHER 14. Maiden name: Sarah Leak

15. Birthplace: England

16. Informant: Hospital records

Address:

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Jan. 26, 1940. (month) (day) (year)

Cemetery or crematory:

Location: Rockwood, Penna.

18. Funeral director: Pennington & Son

Address: PENNINGTON & SON Havre de Grace, Md.

19. Jan. 26 1940 (Date rec'd by registrar) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 23, 1940, at 3:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 29 1931, to Jan. 23 1940, and that I last saw him alive on January 23 1940

Immediate cause of death	DURATION
Mitral Stenosis, severe	Unknown
Due to	
Due to	
Other conditions	
Psychosis, epileptic deterioration -	Unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations: --

Of autopsy: --

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: -- Date of:

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: C. F. Davis

C. F. DAVIS, M.D., Clinical Director

Address: Veterans' Administration, Perry Point, Md. Date signed: 1/24/40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0479

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days): 0 yrs. 11 mos. 15 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 638 Independence Ave., N.W.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War ✓

3. (a) FULL NAME: BIGGS, Charles S.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife: Mrs. Lena E. Biggs

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Oct. 2, 1867

8. AGE:

Years	Months	Days	If less than one day
72	3	6	____ hrs. ____ min.

9. Birthplace: Unknown
(Town, county, and state)

10. Usual occupation: Minister

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: -

MOTHER
14. Maiden name: Unknown
15. Birthplace: -

16. Informant: Hospital records

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 9, 1940 (month) (day) (year)

Cemetery or crematory: Arlington National Cemetery

Location: Ft. Myer, Virginia

18. Funeral director: Pennington & Son
PENNINGTON & SON

Address: Havre de Grace, Md.

19. 1-8- 19 40 (Date rec'd by registrar) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 8 19 40, at 4:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 24, 19 39, to Jan. 8 19 40, and that I last saw him alive on January 8 19 40.

Immediate cause of death	DURATION
Arteriosclerosis, generalized, severe	Unknown
Due to	
Due to	
Other conditions	
Hypertension, arterial, severe (Include pregnancy within 3 months of death)	Unknown

Major findings:

Of operations:

Of autopsy: --

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of:

Where did injury occur?: -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: C F Davis
C. F. DAVIS, M.D., Clinical Director
M.D. or other

Address: Veterans' Administration, Perry Point, Maryland Date signed: 1-8-40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

0471

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Cherry Hill (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 1 Year

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Cherry Hill Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Elizabeth Brown

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: John W Brown

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 14--1861

8. AGE:

Years	Months	Days	If less than one day
78	4	13	hrs. min.

9. Birthplace: Cecil Co Maryland (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER 12. Name: James Smith

FATHER 13. Birthplace: Maryland

MOTHER 14. Maiden name: No information

MOTHER 15. Birthplace: .. ..

16. Informant: Mr Robert Brown

Address: Elkton R D 5 Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 30 - 1940 (month) (day) (year)

Cemetery or crematory: Calvert Cemetery

Location: Calvert Md

18. Funeral director: Florence E Abernathy

Address: Elkton 2nd R.D. 3

19. Jan 30 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January ~~26~~ 27 1940, at 10 P.M. 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1937, to ~~Jan 26~~ Jan 27 1940, and that I last saw h W alive on ~~Jan 26~~ Jan 27 1940.

Immediate cause of death

~~Influenza~~

~~Lobar Pneumonia~~

Due to Cardio vascular renal disease — DURATION 1 mo 4 weeks

Due to — 1935

Due to Unknown — 3 days.

Other conditions ~~Hypostatic~~ — 4 days.

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Mildred H Groschen M.D. M. D. or other

Address: Elkton Md Date signed Jan 30/40

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (186a)

0472

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: Cecil
County
City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital Elkton Md
Stay in hospital or inst. (yrs., or mos., or days) 9 days
Stay in this community (yrs., or mos., or days) 83 years Entire life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Middletown Del RD 2 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John H Buckworth

3. (b) Social Security Number none

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
8 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 4 1856

8. AGE: Years 83 | Months 5 | Days 13 | If less than one day hrs. min.

9. Birthplace Chesapeake City RD (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name ? Buckworth
13. Birthplace ?
MOTHER 14. Maiden name no information
15. Birthplace no information
16. Informant Chas Buckworth
Address Middletown Del RD 2
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 20 1940 (month) (day) (year)
Cemetery or crematory Bethel Cemetery
Location Chesapeake City RD
18. Funeral director H W Pippin
Address Elkton Md
19. Jan 20 1940 (Date rec'd by registrar) F. R. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1940, at 8 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 9 1940, to Jan 17 1940, and that I last saw him alive on Jan 17 1940.

Immediate cause of death: Fracture left hip. — DURATION 1-8-40
Due to Fall on ice in barn yard.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 1-8-40
Where did injury occur? near Chesapeake City, Cecil, Md (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Farm
Means of injury Fall on ice Injured at work? no

23. SIGNATURE A. R. Cruchley M. D. or other
Address Middletown Del Date signed 1-19-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

T

RECEIVED
FEB 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0473

(77)

1. PLACE OF DEATH

County Cecil Registration Dist. No. 92

Village or City Elkton, Maryland. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Virginia Burkley If U. S. Veteran, specify WAR

(a) Residence: No. E. Main Street, St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Washington Burkley

6. DATE OF BIRTH (month, day, and year) July 7, 1859.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month end year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cecil County, Md.
(State or country)

FATHER

13. NAME William David Dunbar

14. BIRTHPLACE (city or town) Cecil County, Md.
(State or country)

MOTHER

15. MAIDEN NAME Sophie Moody,

16. BIRTHPLACE (city or town) Cecil County, Md.
(State or country)

17. INFORMANT Mrs. V. H. Mc Knight,
(Address) Elkton, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Elkton Cemetery Date January 4, 1940

19. UNDERTAKER H. W. Pippin & Son
(Address) Elkton, Md.

20. FILED Jan 4, 1940 F Bragg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January 2, 1940
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from December 12th., 1940, to January 2, 1940

I last saw her alive on January 2, 1940; death is said to have occurred on the date stated above, at 3.40 A.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	about 2 yrs. ago.

Other **Contributory Causes** of Importance:

Age.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) V. H. McKnight, M. D.

(Address) Elkton, Maryland.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0474

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Near Blue Ball
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 3 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: Near Blue Ball Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Elkton R.F.D.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Carolyn Josephine Campbell

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept 15 1939

8. AGE: Years: 0 Months: 3 Days: 25 If less than one day ____ hrs. ____ min.

9. Birthplace: Newark, New Castle Co. Del
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: William A Campbell
13. Birthplace: Fair Hill, Md

MOTHER
14. Maiden name: Velma Spence
15. Birthplace: Phila. Penna

16. Informant: William A Campbell
Address: Elkton R D, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 12 1940 (month) (day) (year)

Cemetery or crematory: Methodist

Location: Cherry Hill, Md

18. Funeral director: Joseph R. Grant
Address: North East, Md

19. Jan 12 1940 (Date rec'd by registrar) F.R. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 9 1940, at 3.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 6 1940, to Jan 9 1940, and that I last saw her alive on Jan 9 1940.

Immediate cause of death: Lobar Pneumonia

DURATION: 3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Arthur C. Ullendorf M. D. or other

Address: Newark Del Date signed: 1/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

M C I T

RECEIVED
FEB 6 1940
BUREAU V. S.

0475

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Near Blue Ball
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: 4th District Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

~~Street No.~~ Address: Elkton R D #4, Md
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: William H. Campbell

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rachel A. Campbell

6(c) If alive, give age: 88 years

7. Birth date of deceased (mo., day, yr.): Sept 25 1850

8. AGE: Years: 89 Months: 3 Days: 16 If less than one day: ___ hrs. ___ min.

9. Birthplace: Near Fair Hill, Cecil Co Md
(Town, county, and state)

10. Usual occupation: Blacksmith + Farmer

11. Industry or business

FATHER
12. Name: Alexander Campbell
13. Birthplace: Ireland

MOTHER
14. Maiden name: Lydia Phillips
15. Birthplace: Del

16. Informant: Joseph R. Grant
Address: North East, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 14 1940 (month) (day) (year)

Cemetery or crematory: St Johns Methodist

Location: Lewisville, Md

18. Funeral director: Joseph R. Grant
Address: North East, Md

19. Jan 13 1940 (Date rec'd by registrar) F. R. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 10 1940, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jany 6 1940, to Jan 10 1940, and that I last saw him alive on Jan 10 1940.

Immediate cause of death: Cerebral Haemorrhage

Due to: Arterio Sclerosis

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

DURATION: 6 day

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Arthur C. Menchofer M. D. or other

Address: 136 W. Main St Newark Del Date signed: Jan 14/1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
FEB 6 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

0476

CERTIFICATE OF DEATH

Reg. Dist. No. 9r

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton md R D 2
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Elkton md R D 2 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William Clark

3. (b) Social Security Number: 216-05-6093

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Divorced

B (b) Name of husband or wife: Beulah Clark
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan 12 1885

8. AGE: Years: 55 Months: Days: 17 If less than one day: hrs. min.

9. Birthplace: Ellicotte City Maryland
(Town, county, and state)

10. Usual occupation: day laborer

11. Industry or business

FATHER
12. Name: Henry Clark
13. Birthplace: Maryland

MOTHER
14. Maiden name: no information
15. Birthplace: no information

16. Informant: Wife Delany
Address: Elkton md R D 2

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 31 1940 (month) (day) (year)
Cemetery or crematory: North East Cemetery
Location: North East Maryland

18. Funeral director: H. W. Pippin
Address: Elkton Md

19. Jan. 31 1940 (Date rec'd by registrar) T. R. Frazier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 29 1940, at 9 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 27 1940, to Jan 29 1940, and that I last saw h- alive on Jan 27 1940.

Immediate cause of death: Cardio-vascular-renal disease,
Due to: Myocarditis — DURATION: Jan 26th
Due to: following Influenza
Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Dt operations:
Dt autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: McFord N. Sprecher M.D.
M. D. or other
Address: Elkton, Md. Date signed: Jan 30

FEB 3 1940
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (10)

0477

CERTIFICATE OF DEATH ✓

Reg. Dist. No. 95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Elkton Hospital

Stay in hospital or inst. (yrs., or mos., or days): 14 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Near Conowingo Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John Clemens

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Amanda Clemens

6(c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): May 25 - 1889

8. AGE:

Years	Months	Days	If less than one day
50	8	5	hrs. min.

9. Birthplace: Pa
(Town, county, and state)

10. Usual occupation: Farm Laborer

11. Industry or business

FATHER
12. Name: Henry Clemens
13. Birthplace: York Pa

MOTHER
14. Maiden name: Jessie McHugh
15. Birthplace: Pa.

16. Informant: Mrs. Joseph Brown
Address: Colora, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 2. 1940 (month) (day) (year)

Cemetery or crematory: West Gatteringham

Location: Outside Colora, Md.

18. Funeral director: J. C. Tyson

Address: Rising Sun Md.

19. 2/1 (Date rec'd by registrar) 19 40 Commonwealth of Virginia

Permit issued Feb 1 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 30 1940, at 8:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from was attended in Union Hospital 19

and that I last saw h alive on Elkton Md. 19

Immediate cause of death	DURATION
Pneumonia	
Both Lungs	5 days
Due to Angina	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John B. Glenn Coroner
M. D. or other

Address: Rising Sun Date signed 1/1 1940

RECEIVED
FEB 3 1940
BUREAU Y. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0478

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (46P)

County Cecil Registration Dist. No. 9r

Village or City near Conventown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John P. Condon

(a) Residence: No. Elkton Md R. D. St., 3 Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	married

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Condon

6. DATE OF BIRTH (month, day, and year) Mar 13-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	10	8	

OCCUPATION

8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Blacksmith

10. Dete deceased last worked et this occupetion (month and yeer) June 1936

11. Totel time (yeers) spent in this occupetion 54

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME James F. Condon

14. BIRTHPLACE (city or town) (State or country) No record

MOTHER

15. MAIDEN NAME No record

16. BIRTHPLACE (city or town) (Stete or country) No record

17. INFORMANT Mrs John P. Condon

(Address) Elkton Md R. D. 3

18. BURIAL, CREMATION, OR REMOVAL

Place Head of Christiana Del Date June 24, 1940

19. UNDERTAKER R. S. Jones

(Address) Newark Del

20. FILED Jan 23, 1940 F. H. Fraser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 21 (Month) (Day) 1940 (Yeer)

22. I HEREBY CERTIFY, Thet I ettended deceased from Dec 18, 1939, to Jan 21, 1940

I lest saw h- im alive on Jan 20, 1940; death is said to heve occurred on the date stated above, at 4:00 A m.

The **PRINCIPAL CAUSE OF DEATH** and releted causes of importance were es follows:

	Date of onset
Carcinoma Stomach	1939
Cardio-vascular renal disease	1927

Other **Contributory Causes** of Importence:

Name of operetion none Date of

Whet test confirmed diagnosis? none Wes there an eutopsy? No

23. If death was due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of Injury

Neture of injury

24. Was diseese or injury in eny wey related to occupation of deceesed? No

If so, specify

(Signed) E. Hughes Nutter M. D.

(Address) Newark Del

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
FEB 6 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-8)

0479

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: Cecil

County

City or town Elkton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Elkton Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie S Craycroft

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Benj B. Craycroft

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 6 1869

8. AGE: Years 70 Months 4 Days 4 If less than one day hrs. min.

9. Birthplace Phila. Pa (Town, county, and state)

10. Usual occupation at Home

11. Industry or business

FATHER

12. Name ? Slaegh

13. Birthplace No information

MOTHER

14. Maiden name No information

15. Birthplace No information

16. Informant Welfare Board of Cecil Co Md

Address Elkton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 13 1940 (month) (day) (year)

Cemetery or crematory Elkton

Location Elkton Md

18. Funeral director H. W. Pippin

Address Elkton Md

19. Jan 13 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1940, at 9 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935, to Jan 10 1940, and that I last saw her alive on Jan 10 1940

Immediate cause of death: Acute Cardiac dilitation

Due to Chronic myocarditis

Due to Chronic Interstitial nephritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 15 minutes

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: if death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE J Herbert Bates M. D. ~~or other~~

Address Elkton Md Date signed 1/12/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T)

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (163-G)

CERTIFICATE OF DEATH

0489

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Union Hospital Elkton.

City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 1 hour

Stay in this community (yrs., or mos., or days): 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Rural near Elkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Elkton R.F.D. 5
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ernest Sylvister Dempsey

3. (b) Social Security Number: 218-03-3077

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Anna H Dempsey

6(c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.): April 13 1898

8. AGE:

Years	Months	Days	If less than one day
41	9	10	____ hrs. ____ min.

9. Birthplace: Cecil Co Maryland
(Town, county, and state)

10. Usual occupation: Labor

11. Industry or business

FATHER
12. Name: Lewis Dempsey

13. Birthplace: Maryland

MOTHER
14. Maiden name: Maude McCullough

15. Birthplace: Maryland

16. Informant: Mrs Anna H Dempsey

Address: Elkton R D 3 Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 25-1940 (month) (day) (year)

Cemetery or crematory: Cherry Hill Cemetery

Location: Cherry Hill Cecil Co Md

18. Funeral director: Florence E. Abendschein

Address: Elkton R.D. 5 Md

19. Jan 24 1940 (Date rec'd by registrar) F.K. Frazer (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 22 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Bronchial Pneumonia	
Due to Bronchitis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 1/22 1940

Where did injury occur? Cherry Hill (City or town) Cecil (County) Md. (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John B. Glenn Coroner
M. D. or other

Address: Rising Sun, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

0481

CERTIFICATE OF DEATH

Reg. Dist. No. 9d

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
County Cecil Co. Md.
City or town Near Earleville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 33 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Near Earleville Ward No. 1st Dist
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Thomas Dixon

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

B (b) Name of husband or wife Mary E. Dixon

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Jan. 20th 1867

8. AGE: Years 72 | Months 11 | Days 9 | If less than one day ____ hrs. ____ min.

9. Birthplace Cecil Co. Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Joseph Dixon
13. Birthplace Delaware

MOTHER
14. Maiden name Rebecca J. Williams
15. Birthplace Caroline Co. Md.

16. Informant Mary E. Dixon
Address Earleville, Md.

17. Burrial (Burial, cremation, or removal. Which?) Date thereof 1/14/40 (month) (day) (year)
Cemetery or crematory Galena Cemetery
Location

18. Funeral director John H. Coffage
Address Cecilton, Md.

19. Jan 12 1940 (Date rec'd by registrar) Solomon Burke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11 1940, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 9 - 1940, to Jan 11 1940, and that I last saw h~~im~~ alive on Jan 11 - 1940.

	OURATION
Immediate cause of death Uraemia.	
Due to Chronic Interstitial Nephritis	2
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Catherine Goodson M.D.
M. D. or other
Address Cecilton Md Date signed 1-17-40

0482

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-C

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:

County Woodlawn Cecil

City or town Woodlawn
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 69

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Cecil

City or town Hopewell Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR not a Veteran

3. (a) FULL NAME Winfield C. Futty

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced married

6 (b) Name of ~~husband~~ or wife Bertha H Futty

6(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Feb 15 1870

8. AGE: Years 69 Months 9 Days — If less than one day ___ hrs. ___ min.

9. Birthplace Elk Neck Cecil Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Futty
13. Birthplace Elk Neck Md

MOTHER
14. Maiden name Emily Gainor
15. Birthplace Elk Neck Md

16. Informant Mrs Bertha Futty
Address North East Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 17 1940 (month) (day) (year)

Cemetery or crematory Harts. Methodist

Location Elk Neck Md

18. Funeral director Joseph R. Grant
Address North East Md

19. 1-17 1940 L. M. Worthington
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1940, at 3:30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-10 1939, to Jan 15 1940, and that I last saw him alive on Jan 13 1940.

Immediate cause of death Chronic myocarditis

Due to Rheumatic in origin

Due to Cerebrosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury Injured at work?

23. SIGNATURE R C Dockson MD
M. D. or other

Address Rising Sun Md Date signed 1-17-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Permit issued Jan 17 1940

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (58-1)

CERTIFICATE OF DEATH

0483

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days): 6 yrs. 6 mos. 5 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Virginia County: Norfolk

City or town: Norfolk Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Box #472
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: GARTON, Alfred C.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife: Mrs. Jollette Garton

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Mar. 17, 1877

8. AGE:

Years	Months	Days	If less than one day
62	9	22	____ hrs. ____ min.

9. Birthplace: Kalamazoo, Mich.
(Town, county, and state)

10. Usual occupation: Physician

11. Industry or business

FATHER
12. Name: Watson C. Garton
13. Birthplace: Michigan

MOTHER
14. Maiden name: Mary Holcombe
15. Birthplace: Michigan

16. Informant: Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 10, 1940 (month) (day) (year)

Cemetery or crematory: Arlington National Cemetery

Location: Ft. Myer, Va.

18. Funeral director: Pennington & Son

Address: Havre de Grace, Md.

19. 1-8-40 (Date rec'd by registrar) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 8, 1940, at 1:50 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3, 1933, to January 8, 1940, and that I last saw him alive on January 8, 1940.

Immediate cause of death	DURATION
Septicemia, streptococcus	Jan. 3, 1940
Due to	
Due to	
Other conditions	
Acute rheumatic fever (Include pregnancy within 3 months of death)	Jan. 3, 1940

Major findings:

Of operations:

Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of:

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: C. F. Davis
M.D. or other
C. F. DAVIS, M.D., Clinical Director

Address: Veterans' Administration, Perry Point, Md. Date signed: 1-8-40.

EFC

RECEIVED
FEB 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (8)

0484

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
County Cecil
City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Perryville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Gray
3. (b) Social Security Number None

4. Sex Female
5. Color or race Black
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 25, 1940
8. AGE: Years Months Days If less than one day — hrs. — min.
9. Birthplace Elkton, Cecil Co., Md. (Town, county, and state)
10. Usual occupation —
11. Industry or business
FATHER 12. Name Turner Gray
13. Birthplace Winsor, N. C.
MOTHER 14. Maiden name Alice Owens
15. Birthplace Port Deposit, Md.
16. Informant Alice Owens Gray
Address Perryville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 26, 1940 (month) (day) (year)
Cemetery or crematory Colesbury
Location Port Deposit Rural
18. Funeral director Lewa Patterson
Address Perryville, Md.
19. Jan 26 1940 (Date rec'd by registrar) F. R. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25, 1940, at 12 33 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-24 1940, to 1-25 1940, and that I last saw her not alive on 1-25 1940.
Immediate cause of death Macerated monstrosity
Due to stillborn
Due to
Other conditions Full term.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. L. Dodson M.D. M. D. or other
Address Rising Sun, Md. Date signed 1-25-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0485

(159)

1. PLACE OF DEATH

County Ceil — Registration Dist. No. 91

Village or City Chesapeake City — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 1 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Baby Boy Haggerty — If U. S. Veteran, specify WAR ____

(a) Residence: No. Chesapeake City Md St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) Jan 3, 1940

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Chesapeake City Md

FATHER

13. NAME John Haggerty

14. BIRTHPLACE (city or town) (State or country) Cecil Co. Md.

MOTHER

15. MAIDEN NAME Annie Hanfeld

16. BIRTHPLACE (city or town) (State or country) Cecil Co Md

17. INFORMANT John Haggerty (Address) Chesapeake City Md

18. BURIAL, CREMATION, OR REMOVAL Place Bowles Cemetery Date 1/8, 1940

19. UNDERTAKER John H. Coffman (Address) Cecilton, Md.

20. FILED 1/8, 1940 B. H. Benson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 3 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1940, to Jan 3, 1940; that I last saw him alive on Jan 3, 1940; death is said to have occurred on the date stated above, at 4.7 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Premature	
infant	
Other Contributory Causes of importance:	

Name of operation none Date of ____

What test confirmed diagnosis? clinical Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) J. J. Davis M. D.

(Address) Chesapeake City Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (522)

CERTIFICATE OF DEATH

0486

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Newark, Del R. D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 10 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Newark R. D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William R. Hall

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife: Alice T. Hall

6(c) If alive, give age: 43 years

7. Birth date of deceased (mo., day, yr.): Apr 24 - 1885

8. AGE: Years	Months	Days	If less than one day
54	8	3	hrs. min.

9. Birthplace: Delaware
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Wm. T. Hall
13. Birthplace: Delaware

MOTHER
14. Maiden name: Mary MacKenzie
15. Birthplace: Penna

16. Informant: Alice T. Hall
Address: Newark, Del R. D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 30-40 (month) (day) (year)

Cemetery or crematory: Presbyterian

Location: New London Pa

18. Funeral director: R. T. Jones

Address: Newark, Del

19. Jan 29 1940 (Date rec'd by registrar) F. H. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 27 1940, at 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10 1939, to Jan 27 1940, and that I last saw h in alive on Jan 26 1940

Immediate cause of death	DURATION
Carcinoma of the urinary bladder	18 months
Due to	
Due to	
Other conditions: none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Carcinoma of urinary bladder.
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: E. Hughes Fuller M. D.
M. D. or Other

Address: Newark, Del. Date signed: Jan 29, 1940

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

0487

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH:

County Cecil

City or town Ceilton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 month

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Ceilton & Elkton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Hammond

3. (b) Social Security Number None

4. Sex Female

5. Color or race Negro

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or ~~wife~~ George Hammond

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Cecil County

8. AGE: Years 80+ | Months | Days | If less than one day hrs. min.

9. Birthplace Cecil (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Own home

FATHER

12. Name unknown

13. Birthplace "

MOTHER

14. Maiden name Annie Johnson

15. Birthplace Ceilton County

16. Informant (Miss) Clara Gordon

Address Long time friend

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 18, 1940 (month) (day) (year)

Cemetery or crematory Providence Cemetery

Location Elkton, Md.

18. Funeral director John F. Coppage

Address Ceilton, Md

19. Jan 17th 1940 (Date rec'd by registrar) Irving Buska Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1940, at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 8 1939, to January 14 1940, and that I last saw her alive on January 11 1940.

Immediate cause of death Uremia — DURATION 3 days

Due to Chronic parenchymatous nephritis — 4 yrs.

Due to Hypertrophy of heart and Aorta — 2 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James L. Johnson M.D. M. D. or other

Address Elkton, Md Date signed 1/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

0488

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
County Cecil
City or town Chesapeake City Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 77 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Chesapeake City Ward No. 7
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Marguerette J. Kirk

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	widowed

6 (b) Name of husband or wife James Ruley Kirk
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 2 1862

8. AGE: Years	Months	Days	If less than one day
77	9	6	hrs. min.

9. Birthplace Chesapeake City Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name James Cummings
13. Birthplace Pennsylvania
MOTHER 14. Maiden name Lydia Kyong
15. Birthplace Salem N J.
16. Informant Reed Kirk
Address Chesapeake City Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 10 1940 (month) (day) (year)
Cemetery or crematory Bethel
Location Chesapeake City Md RD
18. Funeral director H. W. Pippin
Address Elkton Md
19. Jan 10 1940 (Date rec'd by registrar) B. H. Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1940, at 12 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Acute Cardiac dilitation	1 hr
Due to Chronic myocarditis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Herbert Bales M. D. or other
Address Elkton Md Date signed 1/9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
FEB 3 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

0489

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH:

County Cecil

City or town Near Bay View
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 15

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Cecil

City or town North East R D Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Laura V Lewis

3. (b) Social Security Number none

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Joseph W Lewis

6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) May 30 1869

8. AGE: Years 70 Months 8 Days 1 If less than one day hrs. min.

9. Birthplace Nottingham, Penna
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Abram Jefferis
13. Birthplace Penna

MOTHER
14. Maiden name Mary Sproat
15. Birthplace Md

16. Informant Clarence V. Lewis

Address North East R D Md

17. Burial Date thereof Feb 4 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bay View Methodist

Location Bay View, Cecil Co. Md

18. Funeral director Joseph R. Grant

Address North East, Md

19. Feb 4th 1940 Lida V. Owens
(Date rec'd by registrar) Registrar

Temp. Reg.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 1940, at 11 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1936 19 , to Jan 31 1940,

and that I last saw h alive on 19

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George McKnauf MD
M. D. or other

Address Rising Sun Md Date signed 2/2/40

FEB 19 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

CERTIFICATE OF DEATH

0490

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Rising Sun – (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insl. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: (Rural) Rising Sun Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1/4 mi West of Flamington, Md
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Emil William Lieske

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	White	married

6 (b) Name of husband or wife: Anna Lieske

6(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): July 6, 1878

8. AGE:

Years	Months	Days	If less than one day
62	6	15	____ hrs. ____ min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farm

FATHER
12. Name: William Lieske
13. Birthplace: Germany

MOTHER
14. Maiden name: Minnie Arndt
15. Birthplace: Germany

16. Informant: Mrs Emil Lieske

Address: Rising Sun Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 24 1940 (month) (day) (year)

Cemetery or crematory: Brookview Cemetary

Location: Rising Sun, Md.

18. Funeral director: Ralph M Reed

Address: Rising Sun, Md

19. Jan 22 1940 (Date rec'd by registrar) Registrar

Permit issued 1-22-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 21 1940, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Jan 21 1940 and that I last saw him alive on Jan 15 1940.

Immediate cause of death	DURATION
Dropsy	
Due to Nephritis Interstitial Nephritis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: —

PHYSICIAN
Please underline the cause fo which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: R L Dodson MD

M. D. or other

Address: Rising Sun Md Date signed 1-22-40

CEIVED
FEB 3 1948
BUREAU V. S.

0491

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:

County Cecil

City or town Colora
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Cecil

City or town outside Colora Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Martha Emma McCummings

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Azariah McCummings

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Aug. 25 - 1883

8. AGE: Years 56 | Months 5 | Days 5 | If less than one day ____ hrs. ____ min.

9. Birthplace: Rising Sun. Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Joseph Watson
13. Birthplace: Bucks Co. Pa.

MOTHER
14. Maiden name: Margaret Means
15. Birthplace: Zion Md

16. Informant: Mrs. Maude Honaker.
Address: Colora, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 3, 1940 (month) (day) (year)

Cemetery or crematory: Brookview

Location: Rising Sun. Md.

18. Funeral director: J. E. Tyson
Address: Rising Sun Md.

19. Feb 2 - 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 30 1940, at 10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1937 19__, to Jan 1940, and that I last saw her alive on Jan 30 - 1940 19__.

Immediate cause of death: Cerebral Hemorrhage

Due to: Hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: George M. Kreaufmann M.D. (M. D. or other)

Address: Rising Sun Md. Date signed 9/2/40

Permit issued 2-2-1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0492

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Md.
(If ontside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Veterans Administration

Stay in hospital or inst. (yrs., or mos., or days): 11 yrs. 11 mos. 23 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Louisiana County:

City or town: New Orleans Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1624 Jackson Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: PIAZZA, Nathaniel

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife: Mrs. Myra Piazza

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): November 9, 1893

8. AGE: Years	Months	Days	If less than one day
46	2	20	hrs. min.

8. Birthplace: Mississippi
(Town, county, and state)

10. Usual occupation: Clerk

11. Industry or business

FATHER — 12. Name: Vincent Piazza

FATHER — 13. Birthplace: Genoa, Italy

MOTHER — 14. Maiden name: Katie Batto

MOTHER — 15. Birthplace: Mississippi

16. Informant: Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: shipped Jan. 30 1940 (month) (day) (year)

Cemetery or crematory

Location: Vicksburg, Miss. Pennington & Son

18. Funeral director: PENNINGTON & SON

Address: Havre de Grace, Md.

19. 1-30 1940 (Date rec'd by registrar) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 29, 1940, at 7.25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 6 1928, to Jan. 29 1940, and that I last saw him alive on January 29 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis, far advanced active	12 yrs.
Due to	
Due to	
Other conditions: Demehtia Praecox, paranoid	

(Include pregnancy within 3 months of death)

Major findings:

Ot operations:

Ot autopsy: ---

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: --- Date of

Where did injury occur? --- (City or town) --- (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: --- Injured at work?

23. SIGNATURE: C F Davis

C. F. DAVIS, M.D., Clinical Director
Veterans Administration

Address: Perry Point, Maryland Date signed: 1-29-40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83a) Reg. Dist. No. 96

CERTIFICATE OF DEATH

0493

1. PLACE OF DEATH:
(a) County Cecil
(b) City or town Perryville Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 83 yr.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Cecil
(c) City or town Perryville Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Leslie Owens.

3 (b) If veteran, name war: none
3 (c) Social Security No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Fanny Owens
6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug 28, 1854

8. AGE: Years 85 | Months 4 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Perryville (Town, county, and state)

10. Usual occupation Coal Inspector

11. Industry or business P. R. R.

FATHER
12. Name Hazlett Owens
13. Birthplace Perryville, Md.

MOTHER
14. Maiden Name Adeline Benjamin.
15. Birthplace Cecil County

16 (a) Informant Leslie Owens, Jr.
(b) Address Perryville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16, 40 (month) (day) (year)
(c) Cemetery or crematory Asbury Cem.
Location Perryville, Md.

18 (a) Funeral director Lee A. Patterson
(b) Address Perryville, Md.

19 (a) 1/16/40 (Date rec'd by registrar) (b) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. Date of death Jan. 14 1940, at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1939, to Jan 14 1940, and that I last saw him alive on Jan. 8 1940.

Immediate cause of death	Duration
Cerebral Haemorrhage	1 hr.
Due to General Atheromata	10 yrs.
Due to Senility	
Other conditions Cerebral Haemorrhage Dec 1 1939 (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. F. Magraw M. D. or other
Address Perryville Md Date signed Jan. 15 1940

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0494

CERTIFICATE OF DEATH

Reg. Dist. No. 91

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Chesapeake City (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 10 Yr

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother).

State: Md County: Cecil

City or town: Chesapeake (If outside city or town limits, write RURAL NEAR and give town) Ward No.

Street No.: Georges (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Michael Schwartz

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Emma Schwartz

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec 4--1849

8. AGE: Years	Months	Days	If less than one day
90	1	24	hrs. min.

9. Birthplace: Baltimore City Maryland (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER 12. Name: No information

FATHER 13. Birthplace: .. ..

MOTHER 14. Maiden name: No information

MOTHER 15. Birthplace: .. ..

16. Informant: Mrs James Rodney

Address: Chesapeake City Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 31 1940 (month) (day) (year)

Cemetery or crematory: Wesley Cemetery

Location: Near Rock Hall Md

18. Funeral director: Florence E Abernathy

Address: Elkton Md R. D. 4

19. Jan. 31 1940 (Date rec'd by registrar) B.H. Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 24 1940, at 7 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not attended to 19; and that I last saw h alive on 19.

Immediate cause of death	DURATION
Chronic myocarditis	
Due to Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John B. Sluis Coroner, M. D. or other

Address: Rising Sun Md. Date signed:

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

0495

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:

County: Cecil

City or town: Rising Sun (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Rural (Rising Sun) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Annie Augusta Shuster

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Samuel C. Shuster

6(c) If alive, give age: no years

7. Birth date of deceased (mo., day, yr.): Oct. 19, 1857

8. AGE: Years: 83 Months: 3 Days: 4 If less than one day: hrs. min.

9. Birthplace: Chestertown
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER
12. Name: Sara T. Middleton
13. Birthplace: Md.

MOTHER
14. Maiden name: James W. Howard
15. Birthplace: Md.

16. Informant: Mrs Arthur Armour

Address: Rising Sun, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: 1-26-1940 (month) (day) (year)

Cemetery or crematory: Silverbrook

Location: Wilmington, Del.

18. Funeral director: Ralph M Reed

Address: Rising Sun, Md.

19. Jan 24 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 23. 1940, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1939, to Jan 1940, and that I last saw her alive on Jan 20 1940.

Immediate cause of death

Due to: Chronic Myocarditis Exhaustion — DURATION: 5 yrs

Due to

Other conditions: Senility - Gangrene foot — 3 mos

(Include pregnancy within 3 months of death)

Major findings:

Df operations

Df autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W G Jack M. D. or other

Address: Port Deposit Md Date signed: Jan 24 '40

Permit issued 1-24-1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

RECEIVED
FEB 9 1940
BUREAU V. S.

0496

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil

City or town Elkton (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution Milburn St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Cecil

City or town Elkton Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Milburn St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret Elizabeth Thomas

3. (b) Social Security Number

4. Sex Female

5. Color or race Negro

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife John Thomas

Deceased 13 yrs. 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 2, 1861

8. AGE: Years 79 Months 5 Days 11 If less than one day hrs. min.

9. Birthplace Cecil County (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Own home

FATHER 12. Name John Craig

13. Birthplace Kent County, Md.

MOTHER 14. Maiden name Dellia Naylor

15. Birthplace Kent County, Md

16. Informant (Mrs) Maizie Moore (daughter)

Address Elkton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof January 17, 1940 (month) (day) (year)

Cemetery or crematory Providence Cemetery

Location Elkton, Md.

19. Funeral director Elmer E. Bulloch Jr.

Address Havre de Grace Md.

19. Jan 16 1940 (Date rec'd by registrar) F R Frazier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1940, at 6:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 19 1939, to January 13 1940, and that I last saw her alive on January 17 1940.

Immediate cause of death Terminal pneumonia — DURATION 1 day

Lobar pneumonia. Duration: two days. O.W.S.R.

Due to Aortic insufficiency

Due to

Other conditions Chr. Asthma

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James L. Johnson M.D. M. D. or other

Address Elkton Md Date signed 1/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 6 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 96 Benson

(83-a)

0497

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Cecil

(b) City or town Port Deposit (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 57

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Cecil

(c) City or town Port Deposit (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James H. Touchstone

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex Male

5. Color or race white

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lucy Touchstone

6. (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) March 14, 1882

8. AGE: Years 57 Months 10 Days 15 If less than one day hr. min.

9. Birthplace Port Deposit, Cecil Co. Md (Town, county, and state)

10. Usual occupation Merchant

11. Industry or business Hardware

FATHER 12. Name James Touchstone

13. Birthplace Port Deposit, Md

MOTHER 14. Maiden Name Sarah Davis

15. Birthplace Delaware

16 (a) Informant Lucy Touchstone

(b) Address Port Deposit, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/40 (month) (day) (year)

(c) Cemetery or crematory Hopewell

Location Port Deposit, Rural

18 (a) Funeral director Lee A. Patterson

(b) Address Perryville, Md

19 (a) Jan 31, 1940 (Date rec'd by registrar) (b) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. Date of death January 29 1940, at 3 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1940, to Jan 29 1940, and that I last saw him alive on Jan 29 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 12 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. J. Benson, M.D. M. D. or other

Address Port Deposit, Md Date signed 1/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

(T)

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0498

Reg. Dist. No. 92

1. PLACE OF DEATH:
County Cecil
City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 day
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County County, Cecil
City or town Cecilton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME (Eland Turner) Elwood Turner

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1934

8. AGE: Years	Months	Days	If less than one day
5	8	7	hrs. min.

9. Birthplace Cecilton Md. (Town, county, and state)
10. Usual occupation Child
11. Industry or business

FATHER
12. Name Linwood Douglass
13. Birthplace Md.

MOTHER
14. Maiden name Isabell Davis
15. Birthplace Md.

16. Informant Linwood Douglass
Address Cecilton, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Jan 17 1940 (month) (day) (year)
Cemetery or crematory Cecilton, Md.
Location Cecilton Md

18. Funeral director H W Pippin
Address Elkton Md

19. Jan 15 1940 (Date rec'd by registrar) R Fraser Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13, 1940, at 8 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 12 1940 to Jan 13 1940, and that I last saw him alive on Jan 13 1940.

Immediate cause of death	DURATION
Acute endocarditis	?
Due to Acute arthritis	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE N. T. Monroe, M.D.
M. D. or other
Address Elkton, Md Date signed 1-14-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (94a)

0499

Reg. Dist. No. 96

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days): 16 yrs.3 mos.21 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: ~~MDEX~~ None County:

City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Peace time

3. (a) FULL NAME: USKEO, Paul F.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Single

B (b) Name of husband or wife: --

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 1, 1886

8. AGE: Years	Months	Days	If less than one day
54	0	15	hrs. min.

9. Birthplace: Rome, Italy
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: None

FATHER
12. Name: Unknown- deceased
13. Birthplace: Italy

MOTHER
14. Maiden name: Unknown - deceased
15. Birthplace: Italy

16. Informant: Hospital records
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 18, 1940. (month) (day) (year)

Cemetery or crematory: Baltimore National Cemetery

Location: Louden Park, Baltimore, Md.

18. Funeral director: Pennington & Son. PENNINGTON & SON

Address: Havre de Grace, Md.

19. 1-17 1940. (Date rec'd by registrar) Clarence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 16 1940, at 2:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 26 1923 to January 16 1940, and that I last saw him alive on January 16 1940.

Immediate cause of death	DURATION
Intestinal obstruction; not due to cancer. C.U.S.D.	1-12-40
Due to Adhesions, complicating operation for gastric ulcer, April 8th, 1933.	
Due to	
Other conditions	
Coronary Sclerosis, severe (Include pregnancy within 3 months of death)	6 months

Major findings:

Of operations: --

Of autopsy: Same as above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: C. F. Davis, M.D., Clinical Director

Address: Veterans' Administration, Perry Point, Md. Date signed: 1-17-40

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (124a)

CERTIFICATE OF DEATH

0500

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or inst. (yrs., or mos., or days): 11 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Frederick town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.:

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Geo. W. Wilson

3. (b) Social Security Number: 214-14-9395

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Adelia Wilson

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 05 th 1880

8. AGE: Years: 66 Months: 11 Days: 20 If less than one day: hrs. min.

9. Birthplace: Cecil Co, Md. (Town, county, and state)

10. Usual occupation: Laborer in boat yard

11. Industry or business:

FATHER 12. Name: Unknown

13. Birthplace: "

MOTHER 14. Maiden name:

15. Birthplace: "

16. Informant: Anna C. Cleary

Address: Georgetown, Md.

17. burial (Burial, cremation, or removal. Which?) Date thereof: Jan 8 1940 (month) (day) (year)

Cemetery or crematory: Crillon Cemetery

Location: Cecilton

18. Funeral director: John F. Coffman

Address: Crillon, Md.

19. Jan 5 1940 (Date rec'd by registrar) F. R. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 5 1940, at 6 15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 25 1939, to January 5 1940, and that I last saw h- in alive on January 5 1940

	DURATION
Immediate cause of death: Cardio-vascular-renal disease	
Due to	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Milford N. Sprecher, M.D. M. D. or other

Address: Elkton, Md. Date signed: Jan 5

RECEIVED
FEB 6 1940
BUREAU V. S.